

THE APPLICATION PROCESS

Your First Step . . .

To Joining the Epidemic Intelligence Service

ARE YOU ELIGIBLE?

Health professionals who meet one of the following qualifications and have a **strong interest** in applied epidemiology are eligible to apply to the EIS:

Physicians (MDs, DOs) with at least one year of clinical training and an active medical license in the U.S. (U.S. citizens or permanent residents).

Doctoral-degree recipients (PhDs, DrPHs, or equivalent) in health-related fields such as epidemiology, biostatistics, and the social, behavioral, and nutritional sciences.

Nurses, dentists, and PharmDs, with a Master of Public Health (MPH) or equivalent degree and an active license in the U.S. (U.S. citizens or permanent residents).

Veterinarians with a Master of Public Health (MPH) or equivalent degree or demonstrated public health experience or course work, and an active license in the U.S. (U.S. citizens or permanent residents).

HOW TO APPLY:

All the items listed below must be submitted to the EIS Program:

1. **CURRICULUM VITAE:** Original and six copies in the standardized format (see next page).
2. **REFERENCE LETTERS:** Four letters of recommendation—one must be from a faculty member, supervisor, or other individual who is familiar with your achievements and future aspirations and can speak to your personal qualities and professional attributes, plus three additional letters. **NOTE: For U.S. physicians, one of the three additional reference letters must be the Dean's letter from your medical school.**
3. **PERSONAL STATEMENT:** Original and six copies. A narrative, no longer than two pages, which addresses the following questions:

What are your career plans after graduating from the EIS Program? Why?

How will the EIS Program help you fulfill these plans?

How will the EIS Program complement your previous training and experience?

Is there any aspect of public health that is particularly interesting to you? Why?

4. **TRANSCRIPTS:** Official transcripts from every school from which you have received a degree (i.e., BA, MD, MPH, PhD, etc.). No photocopies or student copies accepted. These transcripts must be mailed directly to the EIS Program at the address listed on the back page. **For Foreign Schools:** If transcripts are not issued by an institution, other proof of degree completion must be submitted and either transcript or proof of degree must be translated into English.
5. **PROFESSIONAL LICENSE:** Photocopy of a current unrestricted license.

**Standardized Curriculum Vitae Format
for Application to the EIS Program**

PERSONAL INFORMATION

Full name with degrees and current home address

Address and phone number of someone who can always contact you (other than spouse)

Country of citizenship (if permanent resident of the United States, please indicate)

Social Security number

Home phone number

Work phone number

Fax number (if available)

E-mail address (if available)

EDUCATION

List all institutions attended, including high school, in reverse chronological order:

Years attended

Name of institution

Location (city and state)

Degree or diploma received

Major

PROFESSIONAL TRAINING

–If physician (for internship and residency):

Hospital or institution, city and state

Inclusive years

Specialty type

–If non-physician, any additional training beyond degree program

LICENSES/BOARD CERTIFICATION

License number, state issued and expiration date

Board certifications/eligibility for boards

If foreign medical graduate, Education Commission for Foreign Medical Graduates (ECFMG) results (U.S. citizen or permanent resident).

WORK/VOLUNTEER EXPERIENCE

For each job from the date you received your undergraduate degree to the present application
(all years must be accounted for):

Dates employed – from: _____ to _____

Job title

Duties and accomplishments

Employer's name and address

Supervisor's name and address

Reason for leaving

Indicate whether supervisor can be contacted.

HONORS/AWARDS/ACTIVITIES

Date and type received

REFERENCES

List four references with their complete mailing address and phone number and their relationship to you.

PUBLICATIONS

Please provide on a separate sheet of paper or indicate none.

***Failure to follow this format will result
in your application being returned to you.***

–EXAMPLE–
John Snow, MD, MS
1234 State Street
Eastham, MA 02642

PERSONAL INFORMATION

Contact: Mr. & Mrs. William Snow
1234 West Street
Boston, MA 01234
(000) 223-2233

Country of Citizenship: United States
Social Security Number: 123-12-1234
Home Phone Number: (000) 222-2222
Work Phone Number: (000) 111-1111
Fax Number: (000) 333-3333
E-mail Address: jsnow@cdc.gov

EDUCATION

9/84-6/88 – University of Massachusetts School of Medicine, Worcester, MA – MD
9/82-6/84 – Tufts University, Medford, MA – MS (Biology)
9/76-6/81 – Wesleyan University, Middletown, CT – BA (Biology)
9/72-6/76 – Mt. Joseph High School, Worcester, MA

PROFESSIONAL TRAINING

7/90-6/91 – Clinical Fellow, The Genesee Hospital, Rochester, NY (Epidemiology)
6/89-6/90 – House Officer, Parkridge Hospital, Rochester, NY
6/88-6/89 – Intern, University of Rochester Primary Care, Rochester, NY (Internal Medicine)

LICENSES AND BOARD CERTIFICATIONS

#177777-1, New York, expires December 2000
Board Certified in Preventive Medicine, June 1996

WORK/VOLUNTEER EXPERIENCE

7/91-Present - Emergency Room Physician: (Give a description of duties) – The Genesee Hospital,
Rochester, NY – Dr. John Small – (000) 233-2323 (supervisor) – Can be contacted. (Reason
for leaving)
Continue in above format for each job. You are not limited to a single page.

HONORS/AWARDS/ACTIVITIES

1988 – The Lange Book Award, University of Massachusetts Medical School
1984 – Memorial Education Fund Scholarship
1981 – The Jones Award (Soccer), Wesleyan University
1979, 1980 – Captain, Wesleyan Soccer Team

REFERENCES

Dr. George Jones, 1223 Washington Street, Rochester, NY (000) 123-1234 (Clinic Director)
Continue in above format for each reference.
*Attach a separate sheet for **PUBLICATIONS**.*

APPLICATION DEADLINE:

The application deadline for the EIS is **September 15** of each year. The applicant is responsible for ensuring that all required items are submitted by the deadline. Incomplete applications will not be considered.

Your Final Step:

Mail your application package to:

**Epidemiology Program Office
Centers for Disease Control and Prevention
1600 Clifton Road, N.E., MS D-18
Atlanta, GA 30333
Attn: EIS Program**

The Next Steps . . .

INTERVIEWS:

Applications are reviewed by a committee to determine whether eligibility requirements are met and a need for applied epidemiology training is demonstrated. After this review, personal interviews may be requested by the EIS Program. Applicants will be informed by letter and, if invited for interviews, must travel to Atlanta at their own expense to participate in a day-long series of interviews to assess 1) interpersonal and communication skills, 2) a commitment to applied epidemiology and public health practice, and 3) possible assignments of interest. All interviews must be scheduled by November 1st of each year for persons who wish to enter the program the following summer. Decisions are made in December of each year, and applicants are notified in early January. After selection EIS officers are supported to come to the annual EIS Conference in the spring, during which time actual assignments for the 2-year program are made. Assignments must be at least 50 miles from the applicant's current residence, with the exception of applications who live in Atlanta, GA, Cincinnati, OH, Morgantown, WV or Hyattsville, MD. Each EIS class commences at CDC on July 1, with an intensive 3-week orientation and training program.

All applicants receive equal consideration without regard to race, religion, color, national origin, gender, political affiliation, age, sexual orientation, or any other non-merit factors. The Minority EIS Alumni Association is an organization of EIS alumni from several racial and ethnic minority groups who currently work in epidemiology at CDC or other locations. If you are invited for an interview and would like to speak to a minority EIS alumnus, the EIS Program office can put you in contact with a representative.

The standard application packet, included with this transmission, contains: 1) Instructions "The Application Process" (3 pages); and 2) Form letter for referees "Dear Colleague" (2 pages). If you would like additional written materials describing EIS, you may leave your name and address at our automated request line 1-888-496-8347 or send your request, including your mailing address) via e-mail to eisepo@cdc.gov

The EIS web site is located at <http://www.cdc.gov/epo/dapht/eis/index.htm>

Questions? Call the EIS Program office at (404) 639-4774.

The Centers for Disease Control and Prevention maintains a smoke-free environment.